TRANSMITTAL		Application Number		10/649,443			
			Tilling Date		August 26, 2003		
					Robert J. Higgins		
FORM			Art Unit 26		2618		
(to be used for all correspondence after initial filing)			Examiner Name		Milord, Marceau		
Total Number of Pages in this Submission		Attorney Docket Number CN		CM06	CM06374J		
			ENCLOSURES (check all that apply)			I that apply)	
Fee Trai	Fee Transmittal Form		Drawing(s)  Licensing-Related papers				
Fee Attached							
X Amendment/Reply			Petition				
After Final			Petition to Convert to a Provisional Application				
Affidavits/Declaration(s)		Power of Attorney, Revocation, Change of Correspondence Address		tion			
Extension of Time Request							
Express Abandonment Request			Terminal Disclaimer				
Information Disclosure Statement		Request for Refund					
Certified Copy of Priority Documents		CD, Number of CDs					
Response to Missing Parts/		Rer	narks				
Incomplete Application							
Response to Missing Parts							
Under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual	Barbara R. Doutre			- [	Registration No.	39,505	
Signature	gnature /Barbara R. Doutre/						
Date September 22, 2006							
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patients, Alexandria, VA 22313 on the date listed below:							
Typed or printed name							
Signature					Date		